

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN404AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2010
NAME OF PROVIDER OR SUPPLIER THE GUARDIAN MANOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2722 HARDING WAY RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual grading survey conducted in your facility on 8/4/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview on 8/4/10, the facility failed to ensure that 1 of 4 residents received medications as prescribed (Resident #3 - Potassium Chloride, 20 mg and Simvastatin, 20 mg). Severity: 2 Scope: 2	Y 878			
Y 879 SS=F	449.2742(6)(a)(2) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Based on record review and interview on 8/4/10, the facility failed to indicate on the container of the medication that a physician's order has been changed for 2 of 4 residents (Resident #1 - Hydrocodone, 500 mg, Resident #4 - Verapamil, 100 mg, Advair, 500/50 mg, and Clonazepam, 0.5mg).	Y 879			

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Y 879	Continued From page 2 Severity: 2 Scope: 3	Y 879			
Y 908 SS=B	<p>449.2746(2)(a)-(f) PRN Medication Record</p> <p>NAC 449.2746</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration.</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.</p> <p> </p> <p>This Regulation is not met as evidenced by: Based on record review on 8/4/10, the facility did not ensure the medication record was complete for 1 of 4 residents receiving as needed (PRN) medications (Resident #2 - Gabapentin, 100mg).</p> <p>Severity: 1 Scope: 2</p>	Y 908			

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